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*Child Welfare Clinics

(Miss Forsythe)

(Read at the Convention of the Superintendents of Training Schools)

Infant mortality is to-day one of the great national, social and economic problems. The future of every nation depends on its children, their physical, intellectual and moral strength. If the infants die, there will be no children to educate. Formerly, and in fact only till recent years, it was considered that the nation with the highest infant mortality was the most fortunate. How frequently one hears the assertion that delicate infants should not live, that efforts directed along this line are futile, and that hospitals erected for the saving of these delicate children are but misguided pieces of philanthropy, and in fact some go as far as to state that such measures are more or less a perversion of medical science and that it interferes with the law of natural selection, which is the survival of the fittest. One has but to consult the biographies of many of the scientists of the world to contradict these dis-illusioned and unfounded impressions. Most of those who in infancy are regarded as physically unfit were healthy at birth and merely the victims of bad environment, improper feeding, and neglect; in short, conditions which it is quite possible to remove.

It is barely forty years since the new interest in the lives of infants became manifest. This has come about partly through a growth in humanitarian ideas regarding the value of infant life, which has been accomplished by a desire to ameliorate social conditions upon which a high infant mortality depends. This was first felt by individuals, but soon came to be appreciated by municipalities and finally by states and nations. Together with the growth of the humanitarian idea has been the development of sanitary science and preventive medicine and the great advance in our knowledge of the diseases of children, which made it possible to check to some degree at least the enormous infant death rate which had continued almost since vital statistics were first kept.

In 1892, Budin, of Paris, was struck with the frequency with which it was found that when mothers returned to the clinic for a second pregnancy the first child had died, though both had been discharged from the hospital doing well. All kinds of faults had been committed, possibly,

* By permission, these excerpts have been taken from a paper by Dr. Alan Brown, Toronto, Ont.

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instead of continuing to nurse the child, the mother had put it on the bottle or it had been given cabbage or soup, or even fed on solid food. In fact, anything might have taken place, the result of ignorance co-joined with superstition. Budin determined thereafter to have these children under constant supervision directly after birth, and the consultation for nurslings was established. The results were remarkable; out of 716 babies but 26 deaths took place; of these 26 deaths but 1 of gastro-intestinal trouble. Similar consultations have been instituted all over the world with like gratifying results. The baby is the citizen of the future, and his rights we cannot afford to neglect. In fact, one well-known writer claims that the care of the child is the index of civilization, and infant mortality the most sensitive sign we possess of social welfare. Careful students of the subject of infant mortality have estimated that from 30 to 50 per cent. of all infant deaths are preventable, hence our stimulus to finding a remedy.

The system of Child Welfare Clinics established in Toronto by the Department of Public Health is of course not original. It has probably a few modifications from that of other places. There are at present 22 such clinic centres situated throughout the city. In 1916 there were 822 clinics held, with a total attendance of 13,715 babies, being an average attendance of 17 babies at a clinic.

There are many things which we feel sure have contributed to the success of our clinic work; the main thing being the close coöperation with the Hospital for Sick Children. Our standard of efficiency is maintained only through this coöperation. The Director of the Division of Child Hygiene of the Department of Health, who is also on the staff of the Hospital, appoints all clinic physicians, and requires that they take preliminary instruction under his direction at the Hospital in the care of young infants and children to six years of age, and to continue to attend a weekly post-graduate clinic at that institution. He also arranges an annual course of lectures and demonstrations to the entire staff of nurses who are doing the clinic work and home visiting. Constant education of the nurses is absolutely essential, and, in addition to the lectures mentioned, discussion groups are held from time to time in the District Stations. These are organized by one of the nurses, whose appointment must be approved by the Superintendent of the Children's Hospital. This nurse, stationed in the Hospital, is in close touch with the Director of the Division of Child Hygiene and the Hospital authorities, and, with an assistant, arranges for all necessary follow-up work from the wards and out-patient department.

The Child Welfare Clinics are, as it were, outgrowths of the Children's Hospital medical service, dependent on them for the standard of the work.

Nothing indicates more clearly the districts requiring more intensive work than a pin-map recording the infant deaths occurring during the summer months. Following this plan, additional clinics have been estab-

lished each year (wherever possible), these being held in neighborhood centres. The present clinics are established as follows: 4 Settlement Houses, 3 Infants' Homes, 4 Day Nurseries, 1 Club House, 1 Y.M.C.A., 1 Y. W. C. A., 1 Playground Centre, 1 Oddfellows' Hall, 1 School, 2 Churches, 1 Dispensary, 1 in a private home, and 1 Central Clinic at the Children's Hospital.

The clinic equipment is probably in no way unique, though additions are made from time to time to add to the comfort of the mothers and the efficiency of the work. For instance, it was found that the babies' feeding hour frequently comes during the time they should be at the clinic. A small electric stove and equipment to heat feedings was therefore provided. Then, too, it was found that in certain sections of the city the mothers preferred a morning clinic, or, in others, one day was preferable to another. Arrangements were made in all cases to accommodate the majority of the mothers. Among other suggestions which have been of value I might mention the following:

"Where possible, arrangements are made to provide a dry place for baby carriages, and warmth for outer garments and covers in severe weather;

"An examining table, on which to place the child, and a demonstration table showing correct feeding bottles, nipples, etc., have both proved of value."

It was also found that a separate room in which the physician sees the mother and child, apart from the noise and bustle of the weighing room, prevents the mother from being distracted, and makes it easier for the physician to give the advice he desires.

The babies are of course weighed without clothes, in order of arrival, and left undressed until the doctor has been consulted. Each mother is given a weight card, which she may take home and bring back to the clinic upon each attendance.

Before leaving the clinic the mothers are given light refreshments, which are supplied and served by members of some social agency in the neighborhood. We cannot speak too highly of the advantage to a clinic of coöperation with social agencies. The spirit which they create, we have come to feel, is essential to the success of the clinic. Their individual interest in the welfare of the child as they converse with the mothers over the teacups soon creates a very healthy and beneficial spirit of competition, which increases the feeling of responsibility of the mother and frequently does more toward the permanent welfare of the home than advice can ever do.

In the past, clinic work has consisted almost entirely of regulation of infant feeding, but this year Toronto is undertaking the supervision of children of pre-school age, in the handling of which the following points are considered:

(a) Weight, development and height;

(b) Physical deformities, such as those produced by rickets;

(c) Mentality;
(d) Presence of diseases, tonsils and adenoids;
(e) Defective teeth;
(f) Eye and ear defects;
(g) Recognition of heart conditions, functional and organic lesions;
(h) Recognition of early tuberculosis trouble through the tuberculin skin test;
(i) Early recognition of syphilis;
(j) Dietetic management of these children;
(k) Treatment of the common disorders of digestion;
(l) Regulation of habits, such as late hours, sleep, moving picture shows, clothing and airing.

No cases of illness are treated at the clinics, but when a diagnosis is made, or suspected, the child is referred to his physician, or the Hospital.

Physicians who are considered authorities on the various subjects just mentioned have outlined the best method of detecting and handling the conditions, and will from time to time supplement this with demonstrations to the clinic doctors. By this system, children will be in a proper physical condition to commence their school life, and a great many of the defects so frequently found among children in the first grades will have been remedied.

Through the coöperation of all adult hospitals, a notification of the discharge of every infant born in the public wards of the hospital is sent to the Public Health Nurses for home supervision. These notifications contain the weight on discharge, orders for feeding and treatment, and the name of the nearest Child Welfare Clinic to which the mother was referred.

The babies are visited in their homes by the nurses, and mothers are encouraged to attend the clinic regularly and a report of their condition sent back to the hospital each month for one year.

In like manner every infant discharged from the Children's Hospital is supervised at home, referred to the nearest clinic, and reported on to the Hospital every two weeks for six months. This system has only been in operation two months, and during that time we have found that out of 81 cases discharged only five have been lost track of through having given a wrong address; none have died, and only four have had to return to the Hospital for re-admission.

In addition to these two methods, access is gained to many homes through birth registrations. To the mother of every registered baby is sent an invitation to attend the nearest Child Welfare Clinic, also a book compiled by the Director of the Division of Child Hygiene on the care of the infant and child to six years of age.

About three years ago the question of supervision of children in Infants' Homes and Day Nurseries was considered, with the result that

daily inspections of all children in four day nurseries and three infants' homes are now being done by the nurses and clinics held weekly or oftener, if necessary, according to the number of children in residence.

As this paper deals primarily with the Child Welfare Clinic, it is impossible to touch in detail all the etiological factors of infant mortality, such as neglect, ignorance, and poverty. These three causes may, perhaps, be called the three fundamental causes of infant mortality. Poverty means poor health for the mother, lower intelligence, lack of energy, and general inefficiency, and forces families to live in crowded, unsanitary surroundings. The future of our country depends on its poor children. If they are eventually to justify their place in the world, they must be saved from ill-health. Infant mortality should not be a question of the survival of the fittest, for it is our task to see that every baby is made fit. To this end we would strongly urge the closest coöperation between maternity and children's hospitals and the various agencies interested in child welfare.

Pyloric Stenosis in Infants

(By W. E. Gallie, M.B., and L. B. Robertson, M.B., Toronto, Canada)

Read at the Annual Meeting of the Ontario Medical Association, June 1, 1916)

During the past few years the attention of the surgical staff of the Hospital for Sick Children has been called to a condition of obstruction at the pyloric opening of the stomach, occurring in infants, which had hitherto passed unrecognized, or if recognized had been treated with more or less success by purely medicinal measures.

From a review of the literature and from our own experience it is evident that if this condition is untreated the mortality is nearly 100 per cent. Under medical treatment, which consists of proper feeding and frequent gastric lavage, a certain percentage slowly recover. According to the records of some observers, of whom Robert Hutchison is one, this has been as high as 64 per cent.; according to others, as low as 40 per cent. We are informed by the physicians in charge of pædiatrics at the Children's Hospital that the percentage of recoveries in their clinic and in private practice is somewhere between these rather wide extremes. It is not the intention of this paper to discuss the medical treatment of the condition except insofar as it affects the surgical treatment. Attention will be drawn to the advisability of attempting the cure of these patients first by medical measures, but it must be pointed out that this form of treatment is very tedious and sufficiently doubtful to require the sharpest attention of the physician, to see that the patient does not slip past the mark, beyond which no form of treatment can save him. These patients have a habit of remaining in a stationary condition for days or

weeks and then suddenly succumbing to inanition. We have, therefore, come to recognize that if these patients do not show a prompt response to medical treatment, some radical measure must be adopted if an enormous mortality rate is to be prevented. But if any degree of success is to be obtained from surgical treatment, it is imperative that the operation be performed before the starvation of the patient makes such a surgical operation dangerous.

The symptoms of pyloric stenosis in infants are very uniform and clear-cut. The condition occurs, in the majority of instances, in healthy nursing babies. All goes well for a week or two and then vomiting after feeding suddenly begins, rapidly becoming worse and developing a projectile character. Bowel movements become less and less frequent, until absolute constipation is established. The weight rapidly falls. Examination of the abdomen shows distension of the stomach with visible peristalsis passing from left to right. Palpation slightly to the right of the middle line above the umbilicus usually discovers a hard round tumor about the size of an acorn, freely movable, which can be demonstrated to be the hypertrophied pylorus. The vomiting sometimes comes on gradually, developing from a simple regurgitation, but in the majority of cases it begins suddenly and assumes its projectile character at once. It may occur in the midst of or immediately following feeding, the whole of the feeding being expelled for a distance of several feet. Sometimes a greater quantity is vomited than was taken at the last feeding, indicating abnormal retention of food in the stomach. If the condition is unrelieved the vomiting increases in frequency until it occurs with every feeding and no food whatever reaches the infant's intestine.

Coincident with the onset of vomiting, constipation develops, at first as a reduction of the frequency of the stool and then as a reduction in its size. Gradually all fœcal material disappears, and several cases have been admitted in which no bowel movement had occurred for nearly a week. Similarly there is a reduction in the outflow of urine, and cases are on record in which an incorrect diagnosis of acute nephritis with suppression had been made owing to the cessation of urinary outflow.

Naturally the weight falls, the loss being directly proportionate to the severity of the vomiting. Several of our cases had reached a marked degree of emaciation before admission, making any form of treatment a forlorn hope.

To establish a diagnosis is quite simple in many instances. The physical examination shows the abdomen soft and not distended, thus excluding peritoneal inflammation and intestinal obstruction of any form. There may be considerable distension of the stomach, but the most noticeable feature in relation to the stomach is the presence of visible peristalsis. This may be spontaneous or may be produced by flicking the abdominal wall or giving a small quantity of food. The waves are large, two or three inches long, extending vertically across the stomach and passing rapidly from left to right. Often a second wave is commencing

before the first has reached the region of the pylorus. Visible peristalsis of the stomach may be taken as pathognomonic of pyloric obstruction.

The presence of a tumour is very constant although there may be some difficulty in locating it. Sometimes it can be felt immediately, and at other times ten or fifteen minutes may be spent before it can be found. This is readily explained by the findings at operation, the tumour sometimes being hidden in the angle between the bodies of the vertebra and their transverse processes. A good method of locating it consists in standing on the left side of the patient and palpating deeply in the upper part of the abdomen, slightly to the right of the middle line and above the umbilicus. The whole of this area should be explored, pressing deeply against the posterior abdominal wall and moving the abdominal contents freely about so as to change the position of the tumour and make it easier of detection. In all of our cases but one it was possible to demonstrate the presence of a tumour.

In corroboration of the diagnosis, it is frequent practice to attempt the passage of a duodenal catheter. In normal infants it is possible to pass 17 mm. catheter through the pylorus in from ten to fifteen minutes. If any but the mildest degree of spasm or stenosis of the pylorus exists the duodenal catheter cannot be passed.

Before attempting to treat such patients it is necessary to understand something of the nature of the condition present. At autopsy and at operation we have found from slight to moderate dilatation of the stomach with hypertrophy of its walls. Surrounding the pyloric orifice is situated a smooth round swelling varying in size from that of a small to that of a large hazel nut. It it decidedly white in color, in marked contrast to the neighboring stomach and duodenum. The degree of whiteness varies with the density and size of the tumor. In some cases the tumor is quite as hard as cartilage, while in others it is more of the consistency of uterine muscle. If an incision be made into the tumor in the living subject, it will be found to resemble quite closely fibro-cartilage in consistency, color, and in the fact that there is practically no bleeding. Dissection of the specimen at autopsy shows the tumor to consist of the enormously hypertrophied muscle wall of the pylorus including both circular and longitudinal fibres. This hypertrophy has resulted in a stenosis of the pyloric outlet of the stomach to such a degree as to prevent the passage of food. Even on the operating table it is impossible to force gas past the obstruction, and at autopsy the ordinary catheters cannot be passed into the duodenum. The stenosis is due entirely to the hypertrophied muscle, no diminution in the size of the tube of mucous-membrane being present, as can be demonstrated in transverse sections and by removing the muscular coat. The hypertrophied muscle varies from three-sixteenths to three-eighths of an inch in thickness. Sections of the tumor show the swelling to be due both to increase in the size and the number of the muscle fibres.

The question of the causation of such a pathological condition is as yet enshrouded in mystery. There is nothing in the development of the viscera to account for it, and yet it is certain that the condition is present before birth, as such a degree of hypertrophy could not occur in the two or three weeks during which food has been entering the stomach. Some have thought that the condition arises in a state of spasm of the pyloric sphincter, the mild cases being the result of spasm alone, and the severe cases, due to a superadded hypertrophy with stenosis, but of this we have no knowledge, as all cases we have seen both at autopsy and at operation have been typical cases of hypertrophic stenosis. It is a noteworthy fact, however, that symptoms rarely appear before the third week of life, so that it seems likely that obstruction which is severe enough to produce symptoms is the result of a combination of congenital hypertrophy and of spasm.

With the establishment of a diagnosis the rational indication for treatment is the relief of the obstruction. Whether the treatment shall be surgical or not depends entirely on the completeness of the closure of the pyloric outlet. If the patient is rapidly losing ground with vomiting of all its food, absolute constipation and suppression of urine, the indication is for immediate operation, as no other form of treatment can possibly save the patient. If, on the other hand, the symptoms are not so severe, it is wise to study more accurately the degree of obstruction produced and to try to relieve any pyloric spasm which may be present by gastric lavage. When such a patient is admitted to the wards it is the practice of the physicians to make an accurate record of the weight and to watch the reaction of the stomach towards food. A measured quantity of breast milk is fed to the patient, and, after the lapse of the time ordinarily required for the emptying of the stomach, the contents of the stomach are aspirated and measured. In mild cases the amount retained in the stomach is small and the prospect of the relief of the condition by medical treatment is good. Under regular gastric lavage the retention may steadily diminish and the symptoms correspondingly improve. If, on the other hand, the retention shows a daily increase with exaggeration of the symptoms, recourse must be had to immediate surgical intervention. When the frailty of the thread which connects these infants with life is remembered, the futility of dallying over ineffective therapeutic measures must be appreciated. The only way of saving such patients is to get a regular supply of food past the stomach, and the only way of accomplishing this is by operation.

Until recent years the operative treatment of pyloric stenosis has consisted of an ordinary posterior gastro-enterostomy. Several writers have reported good results from this operation, but we have had no personal experience with it. It would appear to be a dangerous procedure, however, as it is nearly impossible to do a complete gastro-intestinal suture in less than forty-five minutes, and one must remember that these patients are very ill and usually less than a month old. The operation

which we have employed in these cases is known as the Webber-Rammstedt method. The abdomen is opened by a small incision through the right rectus above the umbilicus. The tumor is discovered and delivered over the abdominal wall and the appearance, thickness and density noted. By squeezing on the air in the stomach the degree of stenosis can be demonstrated. On the surface of the white tumor can be seen the small blood vessels passing on both sides of the pylorus from below upward. Fortunately, along the upper border there is a space about an eighth of an inch wide which is practically bloodless and this area is used for the incision. The tumor is held firmly between the thumb and forefinger of the left hand and an incision is made into the tumor in the line of the axis of the gut, extending the full length of the swelling. This incision is carefully deepened until the mucous membrane begins to bulge into it. The external surface of the mucous membrane is then exposed throughout its whole length. The muscle is so hard that when the incision has been completed very little retraction takes place, so that something more is necessary to make sure that the stenosis is relieved. With the points of a Mayo scissors or with dissecting forceps, the muscle is gently separated from the mucous membrane and the incision stretched open so that the mucous membrane is exposed for a width of an eighth of an inch or more. It will then be seen to be of large lumen and to bulge freely into the incision. That the stenosis has been relieved can be demonstrated by squeezing air through the pylorus from the stomach or by passing a stomach tube into the duodenum. Fortunately, there is practically never any bleeding in the intestinal wall, but if any small vessels have been cut they must be tied. The viscera are then returned to the abdominal cavity without further manipulation and the abdomen closed. During the operation the patient is kept surrounded with hot water bottles and limbs are wrapped in non-absorbent cotton. As little manipulation of viscera as possible is employed and the time of the operation is reduced to a minimum, usually from fifteen to twenty minutes. With these precautions it is remarkable how little surgical shock is present.

The post-operative treatment is of the utmost importance, and in all, except the purely surgical details, is directed by the staff in pædiatrics. Briefly, the measures employed are as follows:

1. Hypodermoclysis, immediately following operation, of normal saline and 4 per cent. glucose solution. From 100 c.c. to 200 c.c. is employed. This may be repeated during the next few days.

2. Stimulation in the from of the hypodermic injection of adrenalin in 5 minim doses.

3. Measures to keep up the temperature of the patient to normal, such as the use of hot water bottles, and a special coat made of cotton sometimes used for premature babies.

4. Attention to the position of the patient. Until the effects of the anæsthetic have passed off the child's head is lowered, after which the

position is changed to the semi-upright, to facilitate the emptying of the stomach and the eructation of gas.

5. Careful feeding. As soon as the effects of the anæsthetic have passed off, usually an hour after the operation, a few drachms of water are given and an hour later a mixture of three drachms of the mother's milk and a drachm of water. This is repeated at regular three-hour intervals. Of the feeding of the infant nothing further will be said, except that if at all possible, breast milk should be provided and the normal nursing of the child interrupted by not longer than a week or ten days. Careful feeding is absolutely imperative, as digestive upsets are very apt to lead to fatal results.

Following operation the succesful cases run quite a typical course. The feedings are taken readily and are retained, although during the first few days occasional vomiting may occur. This vomiting is usually of the regurgitant type, rarely explosive. Projectile vomiting after operation is usually suggestive of incompleteness in the relief of the obstruction. With the administration of fluid subcutaneously and by mouth the excretion of urine returns to normal, and in a day or two fœcal material begins to appear in the stool. In a week or so normal bowel movements have been reëstablished, although a considerable diarrhœa is a frequent sequel. After an initial loss of weight extending over two or three days, the weight begins to rise, and, if no setbacks occur, the rise is continuous. After the lapse of two or three months these patients cannot be distinguished from normal children.

Outside of the purely medical complications which involve these patients, several surgical contigencies have to be considered. Fortunately shock is rare, but if present is combatted as described. Hæmorrhage must be guarded against most carefully. One of our patients died on the day following operation, and at autopsy a great quantity of blood was found in the peritoneal cavity which had come from a small bleeder in the pyloric incision. Before dropping the viscera back into the abdomen we are now careful to see that all hæmorrhage has ceased and the intestine is allowed to rest in the abdominal incision for five minutes or more without any constriction of the blood vessels of the mesentery or omentum if there is any suspicion of oozing. There is the usual danger from infection of the abdominal wound which is relatively more serious in these emaciated infants. In relation to the technique of the operation itself, one point is essential, that the constriction shall be completely relieved. In one of our patients who died a few days after the operation, without relief of the symptoms, autopsy showed that the incision had not been sufficiently long to divide all the constricting muscle nor had the muscle been stripped back enough to allow bulging of the mucosa. This point is now scrupulously attended to. With greater experience in handling these cases we now feel that the mortality can still be considerably lowered by the elimination of these surgical complications.

During the past two years eighteen cases of undoubted pyloric stenosis have been treated surgically in the Hospital for Sick Children. Of these eighteen cases thirteen recovered, a mortality of 27.7 per cent. Of the five fatal cases, one died of hæmorrhage; one died sixty hours after operation, with no relief of the symptoms, because of incomplete operation; a third case, which died three days after operation, was a very desperate case on admission, there having been absolute constipation for five days and vomiting of all the food. This patient ceased vomiting after the operation, but had evidently passed the possibility of recovery before operation; the fourth case was a prostrated premature baby which had practically no chance from the beginning. It died about twelve hours after operation. Autopsy showed hypostatic congestion of the lungs, nephritis and colitis. The fifth died three days after operation, in spite of the relief of vomiting, of general weakness.

Of the thirteen cases which recovered two died, subsequently, of other conditions, and autopsies were obtained. The first died six weeks after the operation of acute entero-colitis. All the symptoms of pyloric stenosis were relieved by the operation, and the case was a favorable one for complete recovery until the intestinal infection developed. This case is of particular interest because at the operation a small section of the muscle was removed for microscopical examination, and it is now possible to compare this with the sections made at autopsy more than a month later. It will be observed that the relief of the obstruction has made no difference in the appearance of the muscle fibres, which are greatly increased in size and in number in both. Comparing the cross-section of the pylorus made at autopsy with a normal at the same age, it will be observed that the muscular coat is five or six times normal thickness. It would also appear that there is a corresponding increase in the size of the lumen of the pylorus. The section also shows clearly what happens as a result of the incision through the muscle. In the gross the peritoneum was fully healed over the incision and no evidence of the incision was to be seen. The histological specimen shows that after the operation the peritoneal edges of the incision opened out widely and that the peritoneum grew over the edges and down into the incision to meet on the exposed mucosa. Separating the lumen of the bowel from the peritoneal cavity at this point is the mucous membrane, the submucous areolar tissue, the muscularis mucosæ which evidently escaped the scalpel, a small quantity of white fibrous tissue and the peritoneum. Whether this permanent weakening of the wall of the intestine will have any late effects, time alone will tell.

The second case died of pneumonia and empyæma about a year after the operation. The relief of the pyloric obstruction had been complete and recovery perfect. At fourteen months of age he appeared to be a normal baby. At autopsy the pyloric enlargement was found to persist, although the ratio of its size to that of the neighboring intestine was

slightly smaller. It is evident therefore that the pathological condition presnt is not one suddenly developed or easily changed.

The remaining eleven patients are alive and well, apparently suffering no ill effect from their pathological condition or from the operation.

A point in the after treatment, with which the writers have been much impressed, is the value of transfusion of blood from the parent soon after the operation. Of our eighteen cases ten were transfused by the syringe method, one hundred cubic centimetres of blood being transferred from the mother to the child. In eight of these cases this transfusion was performed on the day following the operation, but in the last two cases it was done before the child was taken from the operating table. We shall probably continue to employ this latter method, for although there is no doubt of the value of the transfusion, even when delayed, the immediate transfer of the mother's blood has the additional advantage of helping to combat the shock of the operation. The transfusion is commenced immediately after the administration of the anæsthetic, for the abdominal operation has ceased, and should not keep the baby in the operating room more than ten minutes longer.

In conclusion, we wish to add our testimony in favor of the operative treatment of pyloric stenosis. While admitting that many of these cases, in which the hypertrophy of the muscle is slight and the obstruction mostly due to spasm, can be relieved by medical treatment, a warning must be issued against persisting in this treatment if prompt improvement does not occur. Many cases treated in this way have undoubtedly died which might have been saved by operative relief of the obstruction. A further warning must be sounded against delaying operation until the patient is so weakened by starvation that he is no longer a safe subject for an abdominal operation.

The writers are much indebted to Dr. C. L. Starr for the opportunity to study the cases admitted to the public wards of the Children's Hospital and for permission to include in this report the cases operated on by him.

—*Canadian Medical Journal, January,* 1917.

Although he was a photographer, he was one of those marble-headed, cold-as-ice blokes who freeze you with a word or a glance.

There came to him one day a chatty young thing who wanted her photo taken.

"You'll make my picture pretty, won't you?" she said, after a string of ingenuous and useless remarks.

"Certainly," said the bloke of bromide, "but that will be seven-an-six-extra."—*London Tit-Bits.*

Work in China

(By Mary Asson)

As I write these few lines to tell something about our work in the Woman's Hospital in Chengtu, West China, my heart fills with gratitude that I was born in a Christian land, especially as I think of the condition of Woman in this land. Perhaps, first of all, you will be interested in knowing something of the journey to this Capitol City of far-off Szchuan, for here we are only about five hundred miles from the top of the earth, viz.: Thibet. On a bright, sunshiny day, we can see very distinctly the snow-capped peaks of the Himalaya Range.

Our party, consisting of five women, left Canada in September, 1916. After spending a couple of weeks on the palatial steamer "Empress of Asia," we disembarked at Shanghai, where we spent five days "doing a rushing business" trying to supply the needs of our fellow missisonaries in the Interior. Once a year, on the arrival of parties, every one seizes the golden opportunity of replenishing their supplies. We bought nine kegs of nails, twenty granite toilet sets (for boarding school use), sixteen wicker chairs, two bath tubs, two clocks, two watches, groceries, dishes, lamps, irons, hardware for buildings, glass for windows, mirrors, and many other things which cannot be bought outside of Shanghai. Personally, we supplied ourselves with camp beds, Chinese mattresses, oil sheets, mosquitto netting and pith hats, travelling essentials in China.

Leaving Shanghai on a small steamer accommodating twenty passengers, we reached Hankow in three days, to find that a smaller steamer with accommodation for eight passengers was leaving that very night for Ichang, so we had our baggage transferred and at 6.30 that evening we left. Three more days of travel and we were safely landed in Ichang, having completed the first thousand miles into the Interior of China in one week.

It was Saturday, and upon inquiry found that a tiny steamer was to leave for Chungking on Monday and we could procure accommodation for the five of us, but only forty pieces of baggage could be taken along. We spent the rest of the day putting things through the customs, sending to the steamer our trunks and other things, putting those we were leaving behind in the freight house of the Steamship Company, to be sent later either by native junk or steamer. On Monday at daybreak we left Ichang and, after a six days' trip through some of the most magnificent gorges in the world, we reached Chungking, the last open port in West China, and fifteen hundred miles from Shanghai.

Above Chungking the great Yang-tse is quite a shallow river, and, except at high water, even a tiny steamer drawing only six feet of water is unable to navigate, therefore the next stage of our journey was to be made by Sedan chair carried on the shoulders of three men. Can you imagine packing bread, butter, sugar, coffee, tea, in fact everything in

the food line necessary to last from ten days to two weeks. Cooked rice and eggs can be bought on the road, but Chinese food is not at all agreeable to foreigners, especially their vegetables, which are never properly cooked and indigestable. After five days we started from Chungking, a procession of seventy men, including chair-men, load-carriers, and serene, empty-handed men who bossed the others, seeing that none lagged behind, calling them from the opium dens (for we had a number of opium smokers, and they had to have their supply each time or they could not carry) when we were ready to start each day, or resting for a short time at the different market places and towns.

One has plenty of time to study the scenery, for the average day's stage is from twenty to twenty-five miles, starting at daybreak and travelling until dusk. We did not have an escort of Chinese soldiers, as the Chinese authorities would not guarantee protection, but our fellow missionaries (those resident in Chungking), after consultation, thought that travelling would be safe enough. The road seemed less disturbed than it had been for some time. Everything went well the first two days. We were late making our stage the second night, having to travel an hour and a half after dark, and it was almost midnight before we were ready to retire, the inn not being one of the best, and even the good rooms in it were taken by travellers who had been more fortunate than we and had arrived earlier. We had one room for all and it was next to the pig-pen, with only a thin partition between, with good-sized cracks. Sleep was out of the question, so we lay down and waited eagerly for time to pass. At 4 a. m. we began folding up our beds, and at five o'clock were ready to start. We had gone about fifteen miles when our men rested for a little while as usual at a village. My chair-men, only one of whom smoked opium, were the first to leave. Scarcely had we gotten out of sight of the village when I heard a shout from a traveller ahead of me. My chair-men put down the "chair" and proceeded to don their extra clothing, which had been tied on the back of it, exclaiming, "The robbers are coming!" I got out of my chair and stood in front of it, and a man looking like an ordinary coolie, except that he had a gun, came up and, on seeing me, stopped and exclaimed, "Foreigner!" then demanded my lantern, which the chair-bearers promptly proceeded to untie, but as they did not do it quickly enough he stooped and assisted, and, having procured it, ran off as fast as he could. I had already seen two men carrying one of our boxes, being forced up the hill by two of the robbers. In less time than it takes to tell it the alarm was given in the village, the bugle sounded, and the soldiers who were on guard (for every town and village is guarded these days) came running out and up the hill, and for a few moments there was some lively shooting. One robber was killed and left lying on the roadside. When the robber band had disappeared, we found that four of our boxes had been smashed in and all the contents taken, clothing, money and bedding were missing. The officials came out to see us, expressing their regrets that such things had hap-

pened within their territory, and if we would remain at the Yamen for the rest of the day they would send out soldiers and try to recover the stolen property. We waited in comfortable rooms, but nothing came back nor have we seen or heard of any of it since. The next day an escort of twenty soldiers was provided, and during the rest of the journey we were never without them, except for a very short time, where they would change off and a fresh relay would come. We stayed one night at the "Glory City." When ready to leave, our escort hadn't arrived, so we sent our servant to find out the reason. He returned with the answer, "They had a few affairs, but, when these were finished, they would be very pleased to accompany us." We started on, fearing to wait and not make the stage, and at noon, as we were eating dinner, the soldiers arrived and told us that the "few affairs" was the beheading of thirty-odd men, and smiled as blandly and looked as unconcerned as though it were an every-day occurrance. We finished our journey without any more excitement.

It is the women and girls who have most of my sympathy, and they need it, as we often have occasion to know. Our Woman's Hospital has accommodation for sixty-five patients, and women and children come from far and near. How they enjoy the large, airy wards and the wide porches! It is such a change from their close, stuffy houses. The name "Hospital" in Chinese is "Healing Garden," and when the name of "Happy Sound"—the literal translation for "Gospel"—is added, it sounds well. "The Happy Sound Healing Garden" is the name of our "Hospital."

At present we have as a patient a woman who journeyed forty days from the interior of Thibet to see the foreign doctor and receive advice and treatment. There is no hospital nearer her home than this, and we are thinking of the possibilities of her carrying the "Gospel" to her far-away home, for even in this day Thibet proper is practically a closed land to Christianity, and after all we are here to teach the wonderful love of the Master, and our medical work is a means to that end.

Another small girl was brought four days' journey. She had been in the home with her mother when they were attacked by robbers. The mother was killed instantly and the child had three fingers cut off her right hand while trying to defend her mother.

Funny things happen sometimes. A few days ago a father brought in a child of about eight, emaciated, dirty, covered with itch, sore eyes—a most repulsive sight. The father was advised to bring her in but couldn't be persuaded. He pleaded poverty. We would take her in at half price, two-and-a-half cents a day. One excuse after another followed, and at last the truth came out: "He was afraid we would eat her!" After assuring him that that was the least of our thoughts, he was finally persuaded and she is getting along nicely. Baths and three good meals a day work wonders with many of these poor people, who eke out a hand-to-mouth existence.

Last week three babies were born, two girls and one boy, and you cannot imagine how the mothers of the girls envy the mother of the boy. The boy's family presented the hospital with forty red eggs and will have a feast when he is a month old, but the families that the girls belong to said "Alas!" and all three are as cute as can be with their black hair and eyes, done up like young papooses.

Just a day or two ago a woman was sent home to die, and when the chair arrived at the home of her husband he would not take her in, and she was brought back. He had hired her out to another man several months ago, and the poor woman had no say at all and no way of escape, and when she was at death's door there was no one to whom she could go. There are many such cases, and it is just this kind of thing that makes me appreciate the fact that I was born in a Christian land.

We have ten young women in training. The Senior Class will graduate in June and will be retained as Head Nurses in the Hospital.

We are looking forward to great things, and any one who thinks life is monotonous in West China has a cordial invitation to come and see for themselves. The women of China are just as appreciative and lovable as our women at home and it is a real pleasure to be able to help them.

"Life, with all it yields of joy or woe,
And hope and fear,
Is just our chance o' the prize of learning love,
How love might be, hath been, indeed, and is!"

CONVALESCENCE FROM THE EXANTHEMATA

The first two or three months of the year are usually characterized, in the experience of the family physician, by the occurrence in his practice of a crop of cases of the contagious diseases of children, especially scarlet fever, measles, German measles, etc. This is accounted for by the readiness with which contagion is spread in the schools, when ventilation of the school-room is the least perfect and the closer housing of school children during school hours favors the distribution of communicable diseases. As the diseases in question are self-limited in nature, expectant and symptomatic treatment, together with precautions as to isolation, etc., is about all the physician is called upon to direct. It is well-known, however, that in all but the mildest cases, the adolescent subject of scarlatina, or measles, is usually more or less debilitated or devitalized, when convalescence is established. Special care should be taken to avoid the administration of any tonic or reconstituent which is likely to disturb the childs' digestion or, by inducing constipation, to minimize the appetite or desire for food.

Pepto-Mangan (Gude) is the ideal reconstructive tonic for these young patients, because it is pleasant to the taste, easily tolerable by the stomach and readily assimilable by blood and tissue, and promptly efficient in restoring appetite, strength, color and general well-being.

What A Good Foster Mother Did for A Puny Baby

Born April, 1916; mother unmarried; father a married man but not living with wife and family. Physician in charge entertained very few hopes that child would survive long, owing to parent's physical condition caused by the father, who was a moral degenerate. Child, when only about a month old, placed out by mother to board with a woman in down-town district. This woman reported the matter to the Department of Health, as she knew she was liable to punishment if found boarding a child under three years of age without permission to do so from the Medical Officer of Health. The district nurse was then put in touch with the case and she visited the home regularly, instructing this woman how to make feedings and also how to care for baby. In spite of all her efforts the baby did not thrive, and so, through the nurse's efforts and with the mother's consent, he was placed in another Baby Home in August, 1916, with a more experienced foster mother to see if he would improve. About the same time this district nurse was transferred to another section of the city, and great was her surprise when she entered a Baby Home one morning to find her old protege. Was she never to get away from this wizened-up, little, old man who never had looked like a baby and whom she believed never would look like one? It was just waste time to work with him. Such were the thoughts that flashed into her mind at first, but while there is life there is hope, and the nursing instinct to fight for that life as long as possible conquered and she commenced again instructing the foster-mother. But this time she had different material upon which to work—an intelligent foster-mother. Day by day she was rewarded for her patience by seeing the wrinkles and the aged and drawn expression disappear.

In September, 1916, he weighed 7 pounds 3 ounces; in May, 1917, he weighed 19 pounds, and to look at the baby face now one could scarcely believe that the brief history we have just related belonged to this child. The nurse stoutly refuses any praise, but thinks the credit is largely due to the tender and loving care given by the foster-mother, who has also interested herself in the parents and has been a wise and good friend to the young unfortunate mother, who now is devoted to her baby and who visits it regularly. The father also visited. This is only one of many cases where we have seen that individual care is the salvation of these puny babies, who, if thrust into large institutions amidst unnatural surroundings, quickly droop and die.

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Scientific Massage

(By Johanna Todsen, M.G.)

Massage, or systematic rubbing and manipulation of the tissues of the body, is probably one of the oldest means of treating bodily ailments. Most primitive and Oriental races are strong on massage. In Chinese literature we find treatises on massage of three thousand years ago, translated into French of a century ago, and probably the foundation of modern massage.

Massage has a different name in the different countries, and in Russia and Japan mostly executed by the blind, the blind having an unusually sensitive touch, which is of the greatest importance to the practitioner in discovering damaged conditions of the tissues.

The Hindoos, Persians, ancient Romans and Greeks constantly employed massage, not only in connection with their baths, which are a mere luxury, but as a medical treatment.

Hippocrates, the ancient renowned Greek physician, used massage extensively. That he understood and appreciated the different modes and effects of the different manipulations is shown from the following quotations from his work—for instance:

Friction can relax, brace, incarnate, attenuate; hard friction braces; soft friction relaxes; much friction attenuates, and moderate friction thickens.

Hippocrates learned massage and gymnastics from Herodicus, the believed founder of medical curative exercises. (Lived before the Paloponecian War).

Another eminent Greek physician, Ascleprades, held the art of massage in such esteem that he abandoned the use of medicine altogether, relying exclusively upon massage, which he claimed effected *a cure* by restoring to the nutritive fluids their natural free movement. He was also the physician who discovered that sleep might be induced by gentle stroking.

Plutarch tells us that Julius Cæsar, a century before the Christian era, had himself pinched all over daily for neuralgia. It is known that he suffered from epilepsy.

Pliny, the great Roman naturalist, had himself rubbed for relief of chronic asthma.

Arrian recommended massage for horses and dogs, asserting that it would strengthen the limbs, render the hair soft and glossy, and clean the skin. After directing massage for the legs, abdomen and spine, he directed that the treatment should be terminated in the following curious manner, which certainly proved he understood the value of "nerve stretching," "nerve stimuli"—at least for dogs:

"Lift the dog up by the tail, stretch, let go; and she will shake herself and show that she likes the treatment."

Celsus, the most eminent of all Roman physicians living at the beginning of the present era, was very familiar with massage and used great discretion in its application. He recommended massage for headaches and in fevers, making this wise remark: "A patient is in a bad state when the exterior of the body is cold and the interior hot with thirst; but, indeed also, the only safeguard lies in massage," i. e., by restoring surface circulation and elimination.

Paraceusus, the Prince of Charlatans, who flourished in Basle, Switzerland, four hundred years ago, made great use and thought of massage.

In France it is known to have been used exclusively for more than two hundred years. Its use in modern times, however, is chiefly due to Metzger, Amsterdam, Holland; Ling, Harbelius, Sweden; Major Thure Brandt, of female disorders; Tueas Campioner, of fresh fractures; and several other eminent physicians of different countries.

When it is called "Swedish massage," it simply means, or refers to the last century's high development in Sweden, due chiefly to Ling, Harbelius, and Wide and Arvidson, present day authorities in Norway, Naburg, Gjertsen and Bülaw-Hansen.

The students of massage should make a serious study of anatomy and physiology, the first being absolutely indispensable; also pathology and sociology.

In the last thirty years eminent physiologists have, by experiments, determined the exact physiological effects of the various manipulations included under the general name "massage," and thus obtained a correct basis for their therapeutic use and importance.

Experiments clearly show that every function of both animal and organic life may be powerfully influenced by some or all of the numerous procedures of massage.

The various effects produced may be included under the following heads: Mechanical, Reflex, and Metabolic.

Mechanical, in which the tissues are wholly passive, as in manipulation of blood and lymph in the venous and lymphic channels, or by the restoration of displaced viscera to its normal position.

For instance: Dilated stomach, prolapsed colon transversion, displaced uterus.

Reflex, in which the peripheral and central portions of the nervous system, both cerebro-spinal and sympathetic, are chiefly active.

An impression made upon the nerve-ends of the sensory or apperent fibres connected with the nerve-centres of the cerebro-spinal and lymphatic systems, being transmitted to the related centres where new activities are set up, resulting in the sending out of nerve impulses by which vital changes are effected, not only in the parts directly acted upon, but in related parts also.

Metabolic, in which important modifications occur in the tissue activities, both in the parts directly operated upon and of the body as a whole.

The nervous system is affected by all the various manipulations, direct or indirect, sedative or stimulating, restorative or reconstructive. Vibration and nerve compression act direct on the nerve trunk, causing a powerful stimulant, not only to the peripheral nerve, but also to all the nerve centres connected with that nerve. Friction is an effective mode of exciting languid nerves, and so is percussion; but, on the other hand, strong percussion produces a benumbing, exhaustive effect.

Mental fatigue is relieved by massage through its effect upon the circulation and eliminative organs.

General reconstructive effects are experienced by the entire nervous system; improved nutrition is produced by improved circulation. Sedative effects upon the nerve are just as marked as the stimulating; strong percussion relieves pain in the same manner as does strong jeopardization, by tiring out and thus benumbing nerve sensibility.

Pinching produces an anaesthetic effect (only watch the doctors give the hypodermic needle).

The gentle stroking—effleurage—induces the hypnotic, quieting effect used for sleeplessness, and so does a direct friction and kneading.

Centrifugal friction diminishes the blood supply of the brain, hence lessens cerebral activity.

Massage of the soft parts above a joint and movements of the joint above, relieve pain by emptying the lymph and blood vessels of the part.

A muscle is well fed only when exercising, because when a muscle is inactive the blood goes rather around it than through it; but the moment activity begins there is a great increase in its blood supply, even before any acceleration of heart activity has occurred.

Massage may be used for a substitute for exercise, increasing the blood supply of the muscle.

Massage, properly manipulated, produces a suction or pumping effect, pressing onward the contents of the veins and lymph channels, and thus creating a vacuum to be filled by fresh supply of fluid, derived from the capillaries and tissues. Massage upon the muscles accomplishes the following effect: Encouraging nutrition and development. Massage feeds the muscle without exhausting it.

To excite muscular contraction, often giving quicker results than faradization.

To increase electro-excitability of the muscle, thus preparing for an electric treatment, as, for instance, in infantile paralysis, where the muscle is diminishing by tropic changes.

To remove effects caused by muscular fatigue.

Dr. Zubludowski has shown that frogs, completely exhausted by faradization of the muscles, although not restored after fifteen minutes

rest, were revived at once by massage, and were even able to do twice as much work as before.

Another experiment: A man lifted with his little finger a two-ounce weight eight hundred and forty times, lifting the weight once a second. The muscles of his finger were then completely exhausted. After five minutes' massage he was able to lift the same amount of weight eleven hundred times, and his finger was then not greatly fatigued.

Stiffness and soreness of muscles, which occur from so-called consecutive or secondary fatigue, resulting from over-exercising, is also relieved by massage.

Secondary fatigue may be produced in a person not accustomed to it, especially in those who are very fleshy; thus another reason not to give long treatments.

That massage is capable of influencing such hard structures as bones, ligaments and cartilages is clearly demonstrated by numerous facts and observations. A bone has essentially the same blood supply as its overlying muscles, thus the same exercise that induces growth of a muscle must effect the bones the same way.

The blood vessels and lymphatics are largest in vicinity of the joints, hence the importance of massage and joint movements of these parts. It is now known that the red matter of the bones is the blood-forming tissue of the body. This fact gives a new importance to massage. Improved circulation improves nutrition, thus favorably influencing the blood-making process both in quantity as well as quality. Massage profoundly effects the circulation, both general and local, the effect according to mode of application, and the part acted upon.

General massage also increases the rate and the force of the heart beat, as does exercise, with the difference that massage does not raise the arterial tension, neither does it accelerate the heart to the same degree—but produces a strong, full pulse. This is due to the fact that the influence of the massage is chiefly upon the periphral circulation.

The reflex influence upon the heart is like a tonic—the dilation of the vessels decreases the resistance so that the heart acts more freely, and especially in performing its functions. Massage upon the legs acts more directly upon the portal system, while massage of both extremities favorably influences the pulmonary circulation in cases of congestion of the lungs.

Massage of the arms and legs also acts derivatively upon the brain and spine. Massage also has a powerful effect upon circulation by promoting the action of the diaphragm, which serves efficiently as a pump in assisting the blood as well as in carrying on the process of respiration. The effect upon the lymph is of the greatest importance. The lymph vessels drain the tissues of waste and toxic substances, and prevent clogging from wandering cells.

Lymph channels are most abundant in subcutaneous tissue and in the fascia which cover and lie between the muscles, so that these vessels are directly acted upon by massage, especially by friction and kneading. Absorption is greatly promoted by massage, proving the importance of massage in cases of local œdema, general dropsy, aciditis, bruises, sprains, etc., friction being the most stimulating appliance.

Massage stimulates the respiratory activity, chiefly by the reflex way, and increases tissue respiration and is certainly one of the most efficient modes of increasing tissue metabolism. This process takes place chiefly in the muscles, through the oxidization of the glycogen, of which they contain one-half of the total bodily store; hence it is that massage, by acting directly upon the muscles, increases the tissue respiration by promoting circulation and general tissue activity.

Digestion, liver action and other of the vital functions, come in for their share of benefit in the increased vigor and efficiency of the respiratory process.

The functions of the brain are more easily performed on account of the more perfect movement of venous blood and in the better supply of oxygen received.

The heat function being so intimately connected with the circulation and general tissue activity, it is clear that any agent which profoundly affects the latter must affect the former proportionately. The heart functions consist of three distinct processes: heat production, heat elimination or dissipation, and heat regulation.

Massage materially influences all three of these processes, the muscles being the main seat of heat production. The muscles may also be called the furnace of the body.

Dr. Winternitz has shown that under some circumstances heat elimination by the skin may be nearly doubled by friction. He accordingly recommends friction in connection with cold baths for reducing temperature in fevers. The higher the temperature of the skin, the more rapid will be the dissipation of heat from the body.

It thus appears that bodily temperature may either be increased or diminished by massage, as kneading increases heat production, and friction may increase heat elimination; it is thus important to remember to apply the correct manipulation to produce the effect wanted.

Digestion is directly encouraged to the highest degree: by improving the appetite; by promoting secretion of the digestive fluids and glands both in quantity and quality; by promoting absorption of the products of digestion.

Dr. A. Hopadge has proved that massage of the abdomen, in ten minutes, applied direct after eating, diminishes by fifteen to seventy-five minutes the length of time the food is retained in the stomach, by aiding peristalsis.

Indeed, massage has no rival in this respect of promoting intestinal activity. This is highly endorsed by Dr. Kellogg, Battle Creek, where massage is extensively used for stomach and intestinal troubles, greatly assisted by X-ray diagnosis.

The value of massage in cases of anaemia can scarcely be overestimated; the blood is one of the most important of all tissues of the body.

Wintunitz, Mitchell and Kellogg and others have proved that massage immediately increases the amount of blood corpuscles, the immediate increase being up to fifty per cent. at the time, although it is not to be supposed that this is due to new production of blood cells only, but by setting free retained blood cells previously clogged up in probably liver or spleen, or the large vacular viscera. Thus the importance of massage.

The elimination is greatly promoted by massage direct to the skin, stimulating the oxidization, encouraging cell exchange, perspiration, etc.

Abdominal massage aids the liver, vibrating and percussion directed over the organ, especially through the hepatic nerves. It also, doubtless, promotes kidney activity through its influence on ganglia of the abdominal sympathetic and solar plexus.

Massage of the back and loins does not produce this effect to the same degree. Massage of the legs also promotes renal activity by removing fatigue poisons from these parts. Thus it should be used in chronic Bright's disease.

The local effect of massage may be briefly stated to be:

1. Increase of blood and lymph circulation.
2. Increase in both constructive and destructive tissue exchange.
3. Absorption of waste or effused products.
4. Development of muscles, ligaments, bones and other structures acted upon.
5. Increased heat production and tissue respiration.
6. Reflex or lymphatic effects upon the vasomotor centres and through them upon the large internal organs, the liver, spleen, stomach, intestines, kidneys and the whole glandular system of the body.

From this must be readily seen the vast importance of massage, and how much more it ought to be used among ailing humanity.

Old friends, old scenes, will lovelier be,
As more of Heaven in each we see:
Some softening gleam of love and prayer
Shall dawn on every cross and care.

Receive your thoughts as guests, but treat your desires as children.

The heart that is truly happy never grows old.

Expectation

(By "Northwood")

At the present moment in Europe, when intellectual men and women are throwing all the ernestness of their best powers into a common cause —when valuable lives of both sexes are being sacrificed on the alter of Suffering Humanity—we are minded to go back to the earlier days of civilization and consider a few particular examples of eminent men and notable women joining hands to bring about some exceptional work or reform.

In one of the oldest fragments of literature extant—the Song of Deborah and Barak—we read of the glorious result of the combined thought and action of a man and a woman who was an acknowledged leader:

"She sent and called Barak . . . . and Barak said unto her: 'If thou wilt go with me, then will I go.' . . . . and she said, 'I will surely go with thee, notwithstanding the journey that thou takest shall not be for thine honor; for the Lord shall sell Sisera into the *hands of a woman.*' But when the object of the enterprise was accomplished, then sang Deborah and Barak: 'O my soul, thou hast trodden down strength.'"

Again we find that Judith, the Hebrew widow of undisputed virtue and high social standing, whose patriotic deed in slaying Holofernes marked an epoch in her people's history, was a woman who enjoyed the friendship and counsel of Prince Ozias and the "ancients of the city."

In more modern times we may dwell on the vigorous statesmanship of Queen Elizabeth. However views may differ regarding her attributes as a woman, all agree that her policy of government brought about conditions which gave birth to the Greater England. The clever men who surrounded her were carried off their feet by her enthusiastic patriotism and inspired to do great deeds for the honor of Queen and Coutnry. A study of Elizabeth's life and reign shows us that the virile quality of her mind was due in a large degree to her constant association with men of tough mental fibre and creative genius. Can we not perceive, in her logical, practical decisions, in her large vision and clear outlook, the direct influence of Raleigh, Bacon and other powerful thinkers of the period?

To cite another instance that will seem more real than the preceding to the trained nurse, we know that the foundation of modern nursing was laid by a woman who was stimulated and strengthened in her splendid work by the friendship and assistance of a noted statesman. One knows that in all her schemes for the uplifting of humanity (nursing the sick was only one) she depended very largely on the counsel and coöperation of some man friend of intellectual and moral power. One may say that Florence Nightingale had a genius for the right kind of

friendship with the right kind of men. The world would be much poorer were it not for the plans which she and Sidney Herbert drew out together, and if he did not live "to sing with her the song of their fulfilment," in the Temple of Fame, their names are inseparably linked.

The first historical account that we have of either man or woman describes their relations to each other. Down through the ages this relationship, at various times and in various countries, has become contracted or limited, then widened and re-adjusted, until its highest expression is seen to-day in social conditions of the Christian world.

No Nursing Sister who has gone into a Military Hospital in the right spirit but has been impressed by the almost unlimited power which she possesses to influence the destinies of the men who were willing to give their lives to protect and guard her. For that is really what our men are doing—fighting for ideals of honor and decency. A knowledge of this pierces her very heart and compels her to give of her best in sympathetic understanding and spirit of divine gratitude, as well as Service.

Our C. A. M. C. Sisters, accustomed to the comparative purity and vigor of a new country, are in many instances learning for the first time to measure the strength of the temptations which assail their brothers and friends in particular, and all men in general. Hidden volumes of the Brook of Life are revealed constantly in the theatres of war, and "(she) who runs may read"—nay, *must* read, and Memory is faithfully storing every sentence.

The hundreds of brave, sweet, skilful women who are so unselfishly devoting themselves to the welfare of the wounded are striking the noblest chords in man's nature. We see in this drawing together the dawn of a better understanding between men and women, a common basis on which to work for the attainment of higher ideals of altruism.

A great war sixty years ago was used by God as the occasion of the world's recognition of the need of woman's special gifts in the care of the sick and in social service. Perhaps the most universal effect of the war going on to-day is the intensified interest it has given to every vital aspect of life. Even the nurse has obtained a new perspective of her work in its relation to mankind—she sees ahead new vistas—hitherto unsuspected regions to be exploited in the future. Her intimate association with great masters of Surgery and Medicine, with philanthropists and reformers, is broadening her mind and enlarging her horizon. The perpetual contemplation of *constructive* work, the continual *repairing* in a world of devastation, is giving her original conceptions. Eternal principles have discovered their existence to her. It remains for some new Prophet of Humanity to declare himself and direct them. *Canada, en avant!*

Editorial

The Editor is pleased to announce that Miss Eunice Dyke, Director of the Public Health Nurses of Toronto, has consented to arrange for a department on Public Health work in Canada. This will begin with the November issue and will be much appreciated by the nurses.

* * * *

Another instance of the need of Registration is the letter sent to this magazine by an Association asking if there is anything that they can do to protect the public against a young woman wearing full uniform, charging the same fees as the graduate nurse, and, if not actually claiming to be a graduate, acts the part. She has only had twenty months in her school, was punished for an act of great carelessness, and refused to take her punishment, leaving the school. If the public only realized the importance of being protected by the fact that a registered nurse must be a graduate, half the battle for Registration would be won. There is a field, and a large one, for the supervised practical nurse, but a nurse in full uniform should be really, as she is in theory, a graduate of a regular standard training school. The school exploiting the nurse by claiming to give her a training sufficient to equip her for her future career would also be brought to book and a uniform curriculum and the practical experience needed would be insisted upon. When will all our women, not only nurses, wake to the need of some such protection for themselves and their families and work hand in hand with our leaders who are struggling to get this protection? It is a sign of the times that the National Council of Women, at their meeting in Winnipeg, brought in as one of their resolutions the need of universal Dominion Registration of nurses.

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One of the subscribers living in New York who had renewed her subscription before the increased rate came into force, wrote to the Editor the other day, sending the extra dollar and a note of appreciation of the efforts that are being made to keep this journal in the front row of professional magazines. She may never know just how much her letter helped the Editor, who sometimes thinks that subscribers only remember the magazine when a copy is missed, or there is a delay in mailing. Do write if you can and say just what you like best in your paper, or what changes you can suggest to improve it.

Among the casualties recently reported we deeply regret the death of Nursing Sister Sarah Ellen Garbutt, of Oshawa, Ontario, and Nursing Sister Etta Sparks, of Britannia-on-the-Bay, Ontario.

* * * *

In connection with the nurses gone overseas a plan is under way to provide in some form a Rest Home for those who, while they may not have been wounded, or strictly speaking, in need of Government help, may yet need a few weeks' quiet rest and freedom from work or worry. Definite work is being done to present some such plan to the women of Canada, the nurses feeling sure that those who have looked after the comfort of everyone else who has gone overseas in the service of his country will not fail us in our care of the Nursing Sisters.

The Night Nurses At The Front

(By One of Them)

Hush-a-bye, nursie,
On the hostel top floor:
That's not a bombardment—
It's just the front door.

Hush-a-bye, nursie,
In spite of the clatter;
'Midst splashes and knockings
And day nurses' chatter.

Hush-a-bye, nursie,
Eat breakfast for dinner,
Get gradually paler
And visibly thinner.

Hush-a-bye, nursie,
You're blamed for a lot,
Black pans and lost saucers—
Ends of night lights still hot.

Hush-a-bye, nursie,
When you cut bread and butter
That hour in the night-time,
Don't talk—only mutter.

Never mind, nursie;
What would the staff do
When everything went wrong
If they couldn't blame you?

Chief Superintendent's Annual Report, 1916

(Continued from last month)

The Vancouver District has had a good year. The returns show increases in patients and visits. The work has been extended into the Point Grey District. The finances are in good condition, and the mortgage of $1,000 on the Home was paid off during the year. The Local Committee took an active part in the "Better Babies Contest," held under the auspices of the Local Council of Women. North Vancouver, including Lynn Valley and Capilano, South Vancouver, Kingsway, Burnaby (including North Burnaby), and Richmond, on Lulu Island, have all had a good year, reporting increased work. The question of funds has caused the Committee some anxiety. The New Westminster branch reports a good year.

Victoria has had a busy and prosperous year. The British Columbia Government gave $500.00 to be divided between the Vancouver and Victoria branches. The Revelstoke Hospital reports a hard but successful pull to keep the Hospital out of debt and still give efficient service. The President reports increases in patients and in hospital days. The Chase Hospital was re-opened in May under the Revelstoke Hospital Society, but efforts are being made to have it taken over by the Town of Chase. The Victorian Hospital at Kaslo reports a good year. The finances are in better condition than last year. With the assistance of the ladies of the Kaslo District Committee of the Victorian Order of Nurses, a new operating table is being put in. Glass doors to enclose presses on the upper floor and ground floors have been added, and are very much appreciated. This Committee is a very great help to the Hospital Board and Matron.

The little hospital up the Cariboo Road at Quesnel keeps along in a quiet way, rendering excellent service to the people in that out-of-the-way place.

In February of last year the Board of the Lady Minto Hospital at Ashcroft found that they were unable to finance the institution, and requested the Order to do what they could for the district. The Executive Council decided that, in view of the fact that there was great need for hospital and nursing care there, it would be well to make an effort to keep the little hospital open. It has been managed and financed from the Central Office since, and has proved a success. A Matron, Assistant Nurse and cook have been employed, and district nursing has been done out from the hospital when required. Miss Payne, who was Matron for the year, managed the work so economically that the hospital has needed very little assistance so far. The whole business section of the town was wiped out by fire during the summer, and the little hospital was a haven of rest to many until other accommodation was provided. On Salt Spring Island the hospital at Ganges is doing good work. It has been up-hill work for the Board to keep things going, as most of the young men on the island have gone to the front.

That gives in very short form what has been done during the year in six branches in Nova Scotia, one in New Brunswick, nine in Quebec, twenty-eight in Ontario, five in Manitoba, eleven in Saskatchewan, five in Alberta, fourteen in British Columbia. It is full of interest, and contains much of promise, but there is a great deal, a very great deal, still waiting to be done.

If you will bear with me a short time longer, I should like to go back a little further so as to show along what lines the Order has developed, and thus to point the way for future developments. The table showing the gradual growth of the work, in so far as number of patients, number of nurses, and of visits are concerned, is in your hands, and I need not repeat it. The growth falls into three divisions—the early, formative years, 1898-1900; the years under the stimulus of the Hospital Scheme—1900-1908—and the years marked by the development of the Country Scheme—1909 to the present time.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

ST. FRANCIS AND THE BIRDS

Over the ocean, long ago,
In the land of Italy,
Lived a good man named St. Francis,
Francis of Assisi.
Neither silver nor gold had he,
His roof was the sky above,
But he helped the sick and needy,
And told them of God's love.
And all men he called his brothers,
The birds and the flowers, too,
And one day he preached to a flock of birds
A sermon good and true.
They fluttered and twittered about him,
And when he was old, 'tis said,
A choir of larks sang to him
As he lay on his dying bed.
For the birds and flowers all loved him,
They know their friends, you see;
He was kind to man and bird and beast,
St. Francis of Assisi.

—*The Kindergarten Magazine.*

Friendship, fragrant as the breath of flowers, adds grace and sweetness to the darkest hours.

News from The Medical World

(By Miss Elizabeth Robinson Scovil)

THE CARE OF THE FEET IN PREGNANCY

The *Medical Record,* in an article on this subject, lays much emphasis on the proper care of the feet both during pregnancy and the period of recovery. In pregnancy all the tissues of the body are softened and the foot joints are subject to the same changes. After confinement the flabbiness of the calves shows the extent of the atrophy on account of inactivity. The coldness and tingling sensation in the feet and the weakness of the knees on first sitting up may be the forerunners of permanent flat-feet. When painful feet are complained of in pregnancy they should be strapped at once and the strapping continued as long as is necessary. A suitable shoe should be provided and proper exercises prescribed. The patient is seated with the knees crossed. The foot is bent slowly up and down, then completely rotated to right and left at the ankle joint, the movements being increased until each is done fifty or more times. The toes should be trained to grasp a small rubber ball, like a ping-pong ball. These exercises should be continued during convalescence, and will prevent the feet from increasing in size.

Acute Diarrhoea in Infants

The *Journal of the American Medical Association* gives some hints on the care of infants with acute diarrhœa. The child should be kept in the fresh air and outdoors in the shade if the weather is hot. Change to the seashore or the country is advisable. Castor oil should be given; food should be witheld. Plenty of water should be given. If water cannot be retained in the stomach it may be retained in the colon from an enema. If neither is effective, try giving it hypodermically, as water is absolutely necessary. If the child is hot, cool by sponging with tepid water; if cold, apply dry heat. Keep the abdomen warm, the rest of the body cool. The mouth must be kept clean by gentle measures. Use antiseptic precautions for nose and mouth secretions, diapers, bedding and clothing. Petrolatum spread over arms and buttocks prevents irritation from the excretions and is not conducive to germ growth.

Milk in Thermos Bottles

A Swiss medical journal observes that milk kept warm in a vacuum bottle is an excellent culture medium for germs. It advises that the milk should be poured in boiling hot, as this helps to keep it properly.

Iodine Fumes in Chronic Cystitis

A Spanish medical journal recommends the use of the fumes of iodine in chronic cystitis. Iodoform is placed in a spindle-shaped glass

receptacle with an opening at the top and the open ends drawn out to permit a rubber tube to be slipped over each. As the iodoform is heated over an alcohol flame, the fumes of idodine are pumped through a catheter into the bladder. The only caution is to keep the amount of air injected within the capacity of the bladder. It is particularly valuable in tubercular cystitis and chronic cystitis with enlarged prostate.

Treatment of Boils

The same journal advises the application of a mercurial salve at the first sign of a furuncle, and touching the centre with carbolic or the actual cautery. The hairs are cut and the region cleansed with benzine; a small piece of mercurial plaster is laid on and over this one of oxide of zinc. These are changed once or twice a day and the part washed with benzine. A washing with hot water and medicated soap is given every day. When the boil is larger and painful, fomentations are applied, two or three per cent. hot solution of resorcin, with 20 or 30 per cent. alcohol. As soon as the centre shows pus, it is touched with carbolic on cotton wound with a toothpick. If not too much softened, the skin can be kept painted with iodine. If more boils appear, the surface can be covered with sulphur ointment, ichthyol or cinnabar.

Radium in Cancer

The Massachussetts State Medical Society reports, from observations made by the Harvard Cancer Commission, that of 642 cases of cancer watched from 1913 to 1916 it was found that many in an advanced stage could be greatly benefited by radium treatment. In many cases it brought relief from pain, reduced the life of the growths, or caused them to disappear entirely, and apparently improved the physical condition of the patient. In 55 per cent. of the patients definite benefit resulted.

Poisoning by Rhubarb Leaves

The *Medical Record,* quoting from a foreign medical journal, mentions a case of poisoning from eating rhubarb leaves cooked with spinach. The parents, four children from eight to thirteen years of age, and the servants ate the greens and a few hours later developed violent diarrhœa. All recovered rapidly except the father, who passed through an attack of epithilial nephritis. The symptoms pointed to oxalic poisoning. Rhubarb leaves contain 1½ per 1000 of potassium oxalate, a toxic salt of oxalic acid.

War Bread

The London letter of an American medical journal says that war bread is made from wheat and flour milled to 81 per cent., to which a minimum of 20 per cent. of maize products, barley, oatmeal, rye, rice and beans must be added. This bread is more nutritious than the white bread made from wheat milled to a lower percentage, which was practically universally used before the war.

Hospitals and Nurses

NOVA SCOTIA

Many expressions of sympathy have been given to Miss Barrington on the death of her mother, Lady Barrington, at Sydney Mines.

Nursing Sister F. McInnes is enjoying a well-earned holiday after two years' nursing overseas in France.

Nursing Sister Allan is also in Halifax on leave, after active service for a long time.

Matron Pope, of the Station Hospital, has left for duty overseas. Before leaving she was the guest of honor at a tea held at the residence of Mr. McLarren, when she was presented with a gold identification disc by the N.S.G.N.A., of which she is an honorary president. This was presented by Matron Graham of the Pine Hill Convalescent Home, and the good news has been received of Matron Pope's safe arrival in England.

A letter has been received from a sister at Dalhousie Unit Hospital No. 7, in which she refers to a visit to that hospital by the King. "He went all around the grounds and tents, and was greatly pleased with the way we were celebrating Canada's birthday, and asked to have the Sisters presented to him. So we were all lined up, and had a real hearty handshake. He spoke about the pleasure of his last visit to Halifax. We considered it a great honor, as No. 7 was the only hospital which the King visited, although there are several British hospitals in the vicinity."

Miss Smith, superintendent of tbe Payzant Hospital, Windsor, was in Halifax recently for the annual meeting.

Mrs. Farthing has accepted a position in the Tubercular Tents of the Kentville Military Sanitorium. She took with her five members of the St. John's Ambulance Brigade, Halifax Division. This brigade is under the supervision of Mrs. McInto and eight nursing officers, who are members of the N.S.G.N.A. Members of the Halifax Division are helping at Pine Hill Convalescent Home, Pier 2, on special occasions, and at Kentville Sanitarium, and it is expected that others will be called shortly. The Brigade is also opening a canteen at Pier 2, and a rest-room for women and children returning from England. A nursing officer is always in attendance, with members of the Brigade

Matron McKenzie, Pier 2, is enjoying a holiday at present. The many sisters who have crossed so many times on the hospital ship "Letitia" will be sorry to hear of her loss by running ashore in a dense fog just outside Halifax harbor. The wounded were safely transferred and brought safely ashore. About fifteen nursing sisters were stranded in Halifax for some days; fortunately no one suffered more than from the absence of trunks and belongings for a day. A very pleasant tea

was given to them by the president of the N.S.G.N.A., Mrs. Forrest. The superintendents of all the Halifax hospitals and many other nurses gathered to welcome Matron Cameron and her Sisters from the "Letitia."

Annual Meeting of N. S. Graduate Nurses' Association

The annual meeting of the Nova Scotia Graduate Nurses' Association, held Thursday in the Church of England Institute, was exceptionally well attended and proved valuable and interesting. The afternoon session, which began at 2.30 o'clock, was devoted to the reading of reports and finishing of old business.

Mrs. William Forrest, the President, who presided at the meeting, gave a clear report of the year's work, which showed the Association was making great strides and accomplishing a big work in the City. During the past year 45 new members had joined, making the total membership to date over two hundred; one hundred and thirty-six of the members are residing in the City and seventy have gone overseas. The financial statement showed that, where last year the Association had been in arrears, this year they had over $75 balance in the bank.

The President also spoke of the splendid interest that had been shown by the members during the year. In the past the meetings had not been well attended, but during the past year every meeting had been well attended.

Reports were read from the various committees and discussed. The Sick Benefit Fund for Nurses reported only ten members up to date, and slightly over $400 in the bank. So far none of the nurses had found it necessary to call upon the fund for aid. Matron Graham explained the fund was open to all nurses who joined and paid the annual fee of $5.00. This entitled the members to five weeks' compensation during illness, at $10 per week. Discussion followed whether it would be advisable to continue the fund if the nurses did not care to join. Thirteen of the delegates present said they would like to join the fund, so it was decided to continue.

The National Public Health Committee report was read by Mrs. William Bligh, who attended the convention held in June at Montreal. The report showed that rapid strides had been made in different Provinces in connection with Public Health.

Miss Pemberton was appointed a representative to the Halifax Board of Health with power to choose a committee.

Matron Doyle read the report of the Nursing Journal, edited by Miss Randal, of British Columbia. The Journal is in need of more funds.

Mrs. Bligh explained that at the annual meeting held at Montreal in June it was decided that each Association be asked to charge its members the additional fee of twenty-five cents, to go to the salary of Miss Randal, and to help enlarge the Journal. It was also decided the annual price of the Journal be raised from $1.00 to $2.00. The Halifax Association voted to do so.

The following committee was appointed to take charge of the interests of the Journal for Halifax: Nursing Sister Florence Fraser to solicit subscriptions; Sister Frances Fraser, news agent, and Miss Pickles, advertising.

Miss Bamford, Superintendent of the Children's Hospital, reported that the Nurses' Register was progressing satisfactorily. At present there were thirty nurses enrolled. The only difficulty she had was in getting the nurses to report when on call. Mrs. Bowman, convener of the committee, was not present, but the President told of the success of the registration committee in her report.

Mrs. Bligh gave the report of the sixth Annual Convention held at Montreal, and the meeting was brought to a close.

At seven o'clock a delightful dinner was held at the Halifax Hotel, when sixty-five members of the Association were entertained. It was a most happy dinner and heartily enjoyed by all.

A happy part of the dinner was the presentation to the retiring President, Mrs. William Forrest, of a beautiful basket of flowers and a ring, as a token of appreciation from the Association for her untiring efforts during the year and the splendid way in which she had conducted the affairs of the Association. Mrs. Corston made the presentation on behalf of the Association.

The evening meeting was devoted to new business and important discussion in connection with new work to be undertaken. The question of mid-wives being permitted to practice in Canada was thoroughly discussed and a resolution passed opposing the measure allowing the mid-wives to practice. A committee was appointed to look into the matter, including the following: Mrs. Bligh, Miss Pickles and Miss Winnifred Read.

The following committee was appointed to conduct the affairs of the Nurses' Register; Miss Dora Burgoyne, Matron Doyle and Miss Mary Anderson.

Mrs. Bligh was made Convener of the Suffrage Committee, with Miss Pickles and Miss W. Read as members.

Miss Bamford was elected Convener of the Provincial Registration Committee with Miss Pickles and Mrs. William Forrest as assistants.

The following officers were elected for the coming year: Hon. Presidents, Mrs. William Forrest, Miss Pemberton, Miss Kirk and Matron Pope: President, Miss Katherine Graham, Matron Pine Hill Convalescent Hospital; Provincial Vice-Presidents, Miss McClarty, Protestant General Hospital, Glace Bay; Miss Watson, General Hospital, Yarmouth: Miss Sheraton, Aberdeen Hospital, New Glasgow; Local Vice-President, Miss S. Barrington, Halifax; Secretary, Miss Dora Burgoyne, Halifax; Treasurer, Mrs. J. J. Doyle, Matron Cogswell Street Hospital; Benefit Fund Treasurer, Miss McKiel, Halifax; Auditor, Miss Laura Dunlap, Pine Hill Convalescent Hospital.

The meeting, which was considered one of the most successful in the history of the Association, closed with the National Anthem.

QUEBEC

A Provincial Association of Graduate Nurses was recently formed. The first meeting was held in Montreal, when Miss Grace Fairlie was elected President.

Alumnae Association, R. V. H., Montreal

The following nurses of the graduating class of '17 have lately taken positions: Miss Sara Matheson, Nurse in charge of the Surgical Floor of the Sydney General Hospital; Miss C. D. McLeod, Resident Nurse at the Mary C. Wheeler School at Providence, Rhode Island. Miss Warren has accepted an appointment in the Toronto Military Hospital. Miss V. MacMillan is in charge of the Men's Surgical Ward "F," R.V.H. Miss Elma Clarke has accepted an appointment in the Toronto Military Hospital. The A. A. sympathize very sincerely with her in the loss of her brother at the front. Miss V. M. Peck is returning to take charge of the Woman's Surgical Ward "E," R. V. H.

Miss Guernsey (class of '07), and Miss Legge ('06), who have been at the R. V. H. during the summer, have left to take the Teachers' course in Columbia University, New York; Miss May Griffin ('12) is also taking the course.

Miss Till (class of '02), who has been in charge of the Gynecological Operating Room in the Presbyterian Hospital, Chicago, has returned to take charge of one of the operating rooms in the R. V. H.

Miss Paterson (class of '13) is now in charge of the operating room at the Military Hospital at Taplow Lodge, Bucks, England. Miss Fanny Munroe is in the same hospital.

Sister Frances McKeen has resigned her commission in the C. A. M. C., and is to be married in September to Captain Henderson, M. D. All best wishes of her friends in the A. A. go to her.

Miss Russell (Class of '96), who was ill during the summer, has quite recovered, and has returned to MacDonald College as assistant to Miss R. Stewart.

Sister Gertrude Usborne, who was invalided home from the front last year, is now much improved in health.

Nursing Sister Jessie Sedgewick paid a flying visit to Montreal on her return from leave spent with her people in Ontario. She sailed for England on the 20th of September.

Miss H. L. Lewis (Class of '96), until recently Superintendent of the Montreal Maternity Hospital, paid a flying visit to her Montreal friends on her way home to Kingston from Metis and Saranac. Her niece, Miss Hague (Class of '17), is at LeTreport.

Cards have been received lately from Nursing Sister Margaret Ogilvie (Class of '16), of the Q.A.I.M.N.S., en route for Egypt.

Sisters B. Merriman, D. Sanderson, A. MacNish, H. A. Pomeroy, B. Anderson and G. French are at Kitchener's Military Hospital, Brighton, England.

Mrs. H. Roy Smith (Geraldine Tessier, Class of '13), has gone to Cochrane, Ontario, to live, Mr. Smith having received an appointment with the Canadian Government Railway there.

The Alumnæ Association extend congratulations to the following members: Mrs. Simpson (Miss Monroe, '09) on the birth of a son; Mrs. Goodfellow (Miss C. Jones, '07), a son; Mrs. Dalrady MacDonald (Miss Whelply, '14), a daughter; Mrs. J. Oliver Hamilton (Miss Chisholm, '14), a daughter; Mrs. Ross (Miss Hope Sewell, '14), a son.

The following engagements are announced: Miss Margaret Drummond ('16) to the Rev. I. A. Montgomery, B.C., of Knox Church, Montreal; Miss Violet Dickinson ('15) to Mr. Peter Duff, St. John's, Nfld. The former is in charge of the Soldiers' Ward at the R.V.H., and the latter of the Out-door Department.

Announcements have been received of the marriage of Sister Jessie Reid, C.A.M.C., to Lieut.-Col. G. E. Armstrong, which took place at St. Michael's Church, Paddington, London, on Wednesday, 5th September, 1917, at 9.30 a.m. Mrs. Armstrong acted as treasurer for the A.A. for two years and has been greatly missed. The A. A. cabled their congratulations to Col. and Mrs. Armstrong on the morning of their marriage.

Miss Frances Young ('16) is at the Naval Hospital, Halifax, and writes an interesting description of it. It is beautifully situated and was opened for patients the end of July.

Miss Dorothy Sanderson writes most interestingly of her work at the Kitchener Military Hospital, Brighton. Her description, in a former letter, of their experiences when their vessel was torpedoed off the Irish coast, was most thrilling. They were in the open boats about half an hour before they were taken on board a mine-sweeper and then on a destroyer and safely landed. The boat did not sink, but reached port, so they lost none of their luggage.

Montreal General Hospital Alumnae Association

Miss Mary McRae has just returned to the city after several weeks holidays at her home, Campbellford, N. B.

Miss K. N. Wilson is spending a month or so at Dover, Maine.

Nursing Sister Nina Sharp, after arriving in England, was sent to Ontario Military Hospital at Orpington, Kent Co. Nursing Sister M. Christie is also there at present, who formerly had the honor of being mentioned in dispatches.

Nursing Sisters V. and L. Larter, after arriving in England, were sent on to No. 3 Canadian General (McGill) at Boulogne, France.

Nursing Sister Dora Jones is stationed at present in No. 1 Canadian General in France.

Miss Anna Kennedy and Mrs. P. Gordon, of Sherbrooke General Hospital, have each spent their summer holidays at Old Orchard, Maine.

Miss Jamieson returned after five weeks with her parents at Winchester, Ont.

Mrs. Thames (nee Miss Wyman, Class '11), of Jacksonville, Florida, has recently undergone a serious operation and is now making a very favorable recovery. Her many friends here will be glad to hear this news of her progress.

Miss MacFarlane spent a couple of weeks in the Eastern Townships and then had a very pleasant motor trip through New York State to Toronto, where she remained a few weeks more before returning to Montreal.

Miss Beeksted is gone for a month to visit relatives in New York State and Province of Ontario.

Late news from No. 2 Canadian Casualty Clearing Station near Ypres, in France, says Nursing Sister Mildred Forbes is Matron, Nursing Sister Isabel Davies is in charge of the Operating Room, while Nursing Sisters Louise McLeod, Laura Holland and Evelyn Whiting are also there.

Miss Sara Fraser has been spending the summer out of town.

Mrs. Frank Lamb (nee Betty Anderson, Class '11) and Mr. Lamb took an inland boat trip from Montreal via Ottawa and the Rideau River.

Nursing Sisters Clare Gass, Beatrice Moores and Molly MacDermott have all been on leave to England, the two former making trips through Scotland.

Some of our nurses from Laval Unit have experienced an air raid in Paris, and some from McGill Unit have had the same experience in London lately.

We have been informed from the front that nurses who go to Canadian Casualty Clearing Stations, are kept on duty there for a definite period of six months, so as to give everyone possible that wished-for experience.

Miss Eva Gibson, who has been doing private nursing in New York City for the past three years, is now taking a post-graduate course at Harlem Hospital there.

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ONTARIO

Miss Green, graduate of St. Michael's Hospital, has taken the position of superintendent of the Lachine General Hospital, Lachine, Que.

Miss Frost, graduate of St. Michael's Hospital, Toronto, who has been taking a post graduate course at the V.O.N. Training School, Toronto, has returned to her home in Vancouver to do private nursing. Misses Kelly and O'Connor, graduates of the same school, have gone to Calgary, Alberta, where they intend to do private nursing.

Miss A. Christie received honorary mention for her valuable services overseas; she is now on leave at home.

Miss C. McDonald, a member also of St. Michael's Alumnæ Association, entered St. Joseph's Convent, and on the 15th of August received her final vows. Miss McDonald is now known as Sister M. St. Hugh.

St. Michael's Alumnæ Association held their monthly meeting at St. Michael's Hospital on Monday, September 10, Miss Fay, the president, in the chair. A very interesting report of the convention held in Montreal was read by the secretary. After the usual business, refreshments were served by the members of the graduating class of 1918.

Miss Margaret Morrow, graduate of the Collingwood G. & M. Hospital, has resumed her duties at the Pembroke Hospital.

Mrs. Munroe (Kate Spearing) spent a few days in Collingwood on her way to Ottawa to see her husband before he goes overseas. She will then return to Fort William, where she holds a position as school nurse.

Miss Mary McCulloch, superintendent of the G. & M. Hospital, Collingwood, is spending her holidays with her sister in the West. Miss Alice Gilpen is in charge during her absence.

The regular meeting of the K.G.H.A.A. was held on September 4th in the Nurses' Home, Kingston, the President, Mrs. Nicol, in the chair. Arrangements were made for the filling of forty Christmas stockings for our nurses overseas. The conveners for the Tea and Sale to be held in November for the Red Cross were appointed, and plans made for a tea to be held at the home of Mrs. S. F. Campbell by the nurses for the military nurses in Kingston. At the special meeting in June $25.00 was voted for the special fund for the salary of the editor of "The Canadian Nurse."

Nursing Sister Lillian Comerty, Kingston, who has spent two years with No. 7 Queen's Hospital in France and Egypt, is home on leave until November.

Matron Bertha Willoughby, of No. 7 Queen's Hospital, formerly superintendent of nurses at the Kingston General Hospital, was invested by the King with the Royal Red Cross, First Class, at Buckingham Palace.

Nursing Sisters Charlotte McAllister and Florence McCallum, who have been in France for two years, and are now on transport duty, are in Kingston for a few days. Both are graduates of the Kingston General Hospital.

Nursing Sisters Gussie Wright, G. McColl and O. Wilson, Kingston, left for overseas in June, and are now at Kitchener War Hospital, England.

Miss F. McLeod, Kingston General Hospital, is matron of Military Hospital, Queen's, Kingston, Ont.

Miss Gertrude Smith and Miss Mary Boyce have been appointed as Operating Room Supervisor and Night Supervisor at the Kingston General Hospital.

The regular monthly meeting of the Essex County Nurses' Association was held on September 19th. The Honorary President, Dr. L. G. McCabe, gave a very interesting lecture on Tuberculosis. Delegates were appointed to attend the Conference on Corrections and Charities held in Ottawa.

Miss Josephine Landeau, graduate of the Hotel Dieu, Windsor, Ont., has accepted the position of Superintendent of Nurses.

Miss Elizabeth Giffin, Hamilton, has resigned her position as superintendent of the Bethsaida Hospital, Zanesville, Ohio.

Miss Gertrude Price has accepted the position of Night Supervisor at the New Mountain Hospital, Hamilton.

Miss Bessie Sadler has received an appointment as school nurse on the staff of the Hamilton public schools.

Miss Greenwood's (Hamilton) many friends will be pleased to know that she is convalescent after a serious operation.

Miss Marion Ross has returned to her duties overseas after spending several weeks at her home in Hamilton.

The engagement is announced of Margaret Weir, daughter of Mr. Thomas Webber, Hamilton, to Mr. E. Burton Mealley, the marriage to take place in October.

The graduating exercises of the Nicholl's Hospital, Peterboro, were held on Tuesday, May 22nd, in the Collegiate Hall. The following nurses received their medals and diplomas: Misses M. Graham, M. P. McGregor, L. H. Nugent, M. J. V. Joy and M. McGowan. In the absence of Mr. Richard Hall, through serious illness, Mr. John Crane acted as chairman. An address was given by the Rev. Mr. Payne. After the conferring of the diplomas, an address was given by Major G. L. Cameron, who regretted the absence of the president of the board, and hoped that he would soon be restored to complete health. He gave a brief history of nursing, and referred to the graduates of Nicholl's Hospital (fifteen in number) ,who were doing such good work overseas. Bandaging prizes were then presented to Miss L. M. Nugent and Miss M. Graham by Dr. Angus. A delightful musical programme was given by friends, and flowers presented to the class by the Board of Directors.

During the summer Dr. Frederick visited Peterboro for a brief furlough.

Dr. MacPherson, Peterboro, has returned and resumed his practice.

Nursing Sisters Davidson and Kennedy, Peterboro, are in the Duchess of Connaught Hospital, Taplow, England, and are enjoying the work.

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MANITOBA

The graduating exercises of the Children's Hospital of Winnipeg were held on Thursday, September 13th, 1917. The following nurses graduated: Misses May M. Hunt, Irene Ireland, Emma Priest, Elsie Line, Isabelle Pattie, Margaret H. Kerr-Wilson and Dorothy M. Young.

The Mary Walker prize for general proficiency, presented by Mr. Geoffrey Walker, was obtained by Miss Dorothy M. Young. The prize for charting, given to the Intermediate Class by Dr. Campbell McArthur, was won by Miss Dorothy Cuddy.

The president, Mr. G. H. Walker, was in the chair, and Sir James Aiken, Lieutenant-Governor of the Province, gave a most interesting address to the Graduating Class. Lady Aiken presented the medals and diplomas, and gave to each graduate a copy of Maeterlinck's Blue Bird. The rooms were very beautifully decorated with orange lilies and autumn leaves, and after the exercises tea was served. A dance was given to the nurses in the evening, and a dinner on September 11th to the Alumnæ of the Children's Hospital.

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BRITISH COLUMBIA

Nursing Sisters Steele and McCallum arrived in Vancouver in charge of the Military Hospital train. Miss McCallum is spending a short furlough at her home in New Westminster. She left with the British Columbia Hospital No. 5, and has been in Salonika most of her time overseas, but expects to return to France at the end of a few weeks.

The regular quarterly meeting of the Graduate Nurses' Association of British Columbia was held at the Nurses' Club, Vancouver, B.C., on Friday evening, September 21st.

Miss Randal, president, was in the chair. After the routine business, matters of importance to the profession were discussed, including the policy to be adopted this session relative to the bill providing for the registration of graduate nurses.

Papers were read by Miss Snyder, lady superintendent of the Vancouver General Hospital, and Miss Janet Campbell, local sanitary inspector. Arrangements were made for the making up of Christmas parcels for the nurses from British Columbia serving at the front, and it is expected that more than one hundred will be shipped this year.

Miss Carmichael, matron at the General Hospital at Prince Rupert, has come to Vancouver to spend her vacation.

Miss L. Davenport and Miss Maria MacDonald, recent graduates of St. Paul's Hospital, Vancouver, B.C., have left for North Battleford, Sask., where they have taken hospital positions.

A baby clinic to treat children from the time of birth to six years of age is to be established at the city health office in Victoria. The inauguration of the project grows out of recommendations made by the Conservation of Life League in that city. The age is set at six years, because from that age upwards the children of school age come before the doctor and nurse in connection with school health. Advice will be given mothers as to the care of young children, and booklets on the subject distributed.

Births

HAFFEY—On June 23rd, 1917, to Dr. and Mrs. M. J. Haffey, a son. Mrs. Haffey was Miss Gertrude Gibson, graduate of St. Michael's Hospital, Toronto.

HEWITT—At the Private Pavillion, Toronto General Hospital, on September 17th, 1917, to Captain S. R. D. Hewitt, C.A.M.C., C.E.F., and Mrs. Hewitt, a daughter. Mrs. Hewitt (nee Miss Edna Dow) is a graduate of the Toronto General Hospital, 1911, and went overseas with the University Base Hospital in May, 1915, being invalided from Salonika with dysentery in July, 1916, resigning her commission and returning in October of the same year.

MCCORMAC—To Mr. and Mrs. McCormac (Mrs. Laura Snider, W. G. H., '02), at 198 Church Street, St. Ana, California, on May 20th, a daughter.

MCKINNON—To Mr. and Mrs. D. McKinnon (nee Miss E. Arnott, W.G.H., '11), on May 18th, at Clairmont, Alberta, a daughter.

WILLIAMS—To Captain and Mrs. Williams (nee Miss E. Davis, W. G. H., '14), at Teddington, England, on May 8th, a daughter.

FORRESTER—To Mr. and Mrs. James Forrester (nee Vick, W. G. H., '10), July 1st, 1917, a son.

SMITH—To Mr. and Mrs. Frank Smith (nee Brownridge, W. G. H., '12), at Portage la Prairie, Man., June 25th, 1917, a daughter.

STEWART—To Mr. and Mrs. James Stewart (nee Rooney, W. G. H., '11), of Winnipeg, a daughter.

JONES—To Dr. and Mrs. Jones, at Saskatoon, June 21st, 1917, a son, Laurence Latham. Mrs. Jones was Miss Estelle B. Hamblin, graduate of Toronto Western Hospital, class 1910.

CHANDLER—At Charlottetown, P. E. I., on September 6th, 1917, to Mr. and Mrs. Frederick S. Chandler a son. Mrs. Chandler was Miss Martin, graduate of the Royal Victoria Hospital, Montreal.

WHITELOCK—At 189 University Avenue, Kingston, Ont., August 27th, 1917, to Dr. and Mrs. C. K. Whitelock a daughter. Mrs. Whitelock was Miss Stella Reid, class '14, Kingston General Hospital.

BURNETT—At Hamilton, July 4th, 1917, to Dr. and Mrs. Burnett a son.

Marriages

MURRAY-WALLINGTON—On May 3rd, Dr. A. A. Murray to Miss V. Wallington (W.G.H., '13), by Dr. DuVal at his residence.

FULTON-LAYTON—At Lachart, Alberta, at the home of Mr. Duncan M. Layton, October 19th, 1916, by the Rev. A. D. Miller, Miss Mary Layton (W. G. H., '08), to Mr. Charles Fulton, Vegreville, Alberta.

MURRAY-DORMER—At Stonewall, Man., on July 4th, Dr. Wm. A. Murray, C.A.M.C., to Mary Louise Dormer, W. G. H., '14.

MAGEE-FALLIS—At Winnipeg, Man., on July 11th, 1917, Miss Mary Evelyn Fallis to Dr. R. C. E. McGee, of Napinka.

LUCY-ALLEN—On June 13th, 1917, in Kingston, by the Rev. H. C. Curry, Jennie Allen to G. F. Lucy, of Dauphin, Man. Miss Allen is a graduate of the Kingston General Hospital.

BUSH-MCDOUGALL—At Finch, Ont., on September 18th, 1917, Collena McDougall to Walter Bush. Miss McDougall was a graduate of the Kingston General Hospital.

JAMES-MATHESON—On September 15th, 1917, at the residence of Mrs. William Matheson, Governor's Road, Hamilton, by the Rev. D. Wallace Christie of Chalmer's Church, Woodstock, Catherine Jean Matheson to Mr. Henry H. James, of Hamilton. They will reside on Hilda Street, Hamilton.

BOUSELEIL-SYLVESTRE—On September 5th, 1917, at St. Anne's Church, Tecumseh, Ont., Miss Estelle Sylvestre to Mr. Victor Bouseleil. Miss Bouseleil is a graduate of the Hotel Dieu, Windsor, Ont.

Deaths

MCCABE—At the Hotel Dieu, Windsor, Ont., September 30th, 1917, Ruth McCabe, R. N. Miss McCabe was a graduate of Mercy Hospital, Denver, Colo.

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